

BLECH (G.)

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be relied upon?



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CAN ANTITOXIN STATISTICS BE RELIED UPON?

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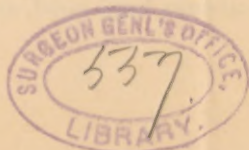
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The many fiascos in modern medicine have taught me a lesson, viz.: Never to be the first and never to be the last one, to adopt a new remedy. Liberality is one of the first conditions for progress and success in medicine; conservatism, the preventative of poetic illusions and errors, undiscovered on account of the blinding effect of enthusiasm.

I have quietly watched the reports of cures of diphtheria with antitoxin, and have wondered how easy it is to catch the masses, even if one knows next to nothing about the *modus operandi* of a remedy. Besides, its origin and composition is mystery as yet, its preparation being controlled entirely by a few enterprising chemists. But neither this nor the fact that its introduction into the human system is apt to cause a good many dangers like leucocythemia, shall be brought as an argument against its value; even the fact, that a good many eminent and thoroughly reliable physicians have reported their experiments with it as failures shall not be mentioned, and only one modest question shall be asked: Can antitoxin statistics be relied upon? I dare answer, no, not always.

I do not doubt for one moment the honesty of the reporters and their noble intentions; for the sake of the honor of the profession, I will say that "figurers will not lie," but I cannot help asserting that "figures will." The fact is, that every case reported as diphtheria, is indeed, not always true diphtheria. In some cases the microscopic examination alone was sufficient for a diagnosis, and that was false. In other cases, the physical signs, the clinical picture was the medium, and that was false also. Both together, microscope and thermometer, eye and hand, must be employed to obtain a correct diagnosis.



Diphtheria, true diphtheria, in spite of horse, jackass or any other quadruped serum, is a grave, constitutional disease, the prognosis of which is always doubtful. It is exaggerated when one of my friends asserts, that he makes a diagnosis of true diphtheria post mortem only; but there is some truth in that intended joke. There are plenty of poor children running around the streets with sore throats, follicular tonsilitis, rhinitis fibrinosa and never take a drop of medicine and get well. And in some of these a physician is called in, and a few hours later, the health inspector is placarding the house. If, by chance, the parents are smart enough to call in a more experienced physician, off goes the red sign.

I had quite a number of such cases in my practice, but in one of my last ones, I had an encounter with our local board of health, which ended in my victory.

The case I refer to is that of a little boy, R. S., aged 4 years. He was taken sick with sore throat, and nose, the latter bleeding on touch, membranes being expelled on sneezing. A reputable physician was called who pronounced it diphtheria. He sent a culture to the local board of health where Klebs-Löffler bacilli were found. For some unknown reason to me, the parents discharged the physician and called me in to attend the case. I made a careful examination of the nose and throat, found a somewhat accelerated pulse and a temperature below 100 degrees F. The boy ran from one room to another, and would not agree to be confined to bed. While the mucous membrane appeared to be, on the first look, diphtheria, a closer examination revealed the double malady of follicular tonsilitis and rhinitis fibrinosa. Both affections simulate diphtheria almost to delusion. The clinical picture of a grave constitutional disease, high fever, etc., which symptoms are a *conditio sine qua non* for a diagnosis of true diphtheria, were absent. On the other hand some authors have lately classified rhinitis fibrinosa with diphtheria, but the best authorities in the old and the new world strongly object to such classification. The argument that if the Klebs-Löffler bacillus be found, the case must necessarily be one of true diphtheria, does not always hold good, as Baginsky and others have found the

same bacillus in different forms of rhinitis and pharyngitis. While I must admit, that not every case of diphtheria is associated with a high temperature, constitutional depression, etc., such is the rule without any exception in nasal diphtheria. After nose and throat have been sprayed with hydrozone there could be found no microbe in the culture taken the other day.

The number of cases of this kind which I have successfully treated approaches closely to one hundred. If, according to the Board of Health of New York, Chicago and other institutions, they ought to be styled diphtheria, well then, what is the use of injecting blood serum taken from some animal? We have in hydrozone (30 volumes aqueous solution of anhydrous peroxide of hydrogen) a remedy which not only kills instantaneously the Lœffler bacilli, but also changes chemically the nature of the soil in which their spores can develop. Its deadly action is limited to vegetable cells (pathogenic germs) and it is the most powerful stimulant to healthy granulations, having no injurious action upon healthy animal cells. In fact, my experiment taught me that hydrozone is a safe and most reliable remedy to use in the treatment of diphtheria. On the contrary, I will say:

How can we rely upon antitoxin?

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